




PTO/SB/22 (09-08)

Approved for use through 03/31/2007. OMB 0651-0031
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REQUEST FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) SPINE 3.0-455 CIP CONT III	
Application Number	10/781,506-Conf. #2911	Filed	February 18, 2004
For INSTRUMENTATION AND METHODS FOR USE IN IMPLANTING A CERVICALDISC REPLACEMENTDEVICE			
Art Unit 3733		Examiner J. Cumberledge	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	Fee	Small Entity Fee	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ 1020.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>12-1095</u> . I have enclosed a duplicate copy of this sheet.			
<div style="text-align: right;">06/12/2007 EFLORES 88888886 121895 18781586 01 FC:1253 1828.00 DA</div>			
I am the <input type="checkbox"/>	applicant/inventor.		
<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71.		
<input checked="" type="checkbox"/>	attorney or agent of record. Registration Number <u>54,230</u>		
<input type="checkbox"/>	attorney or agent under 37 CFR 1.34.		
	Registration number if acting under 37 CFR 1.34 _____		
 _____ Kevin M. Kocun Typed or printed name		_____ June 8, 2007 Date _____ (908) 518-6383 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/>	Total of <u>1</u> forms are submitted.		

06/12/2007 EFLORES 88888886 121895 18781586
Sale Ref: 88888886 0487 121895 18781586
01 FC:1253 1828.00 DA

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: June 8, 2007

Signature: 

(Kevin M. Kocun)